

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

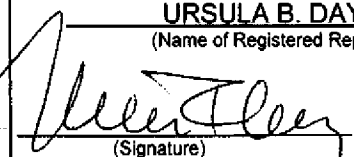

Docket No.: FUERTES-LOPEZ

In re PATENT Application of:)	
)	
LAURA FUERTES-LOPEZ & MARCOS TIMÓN-JIMENEZ)	Examiner: Anne Maria Sabrina Wehbe
)	
Appl. No.: 10/816,591)	Group Art Unit: 1633
)	
Filed: April 1, 2004)	Confirmation No.: 8510
)	
For: DNA EXPRESSION CONSTRUCT FOR THE TREATMENT OF INFECTIONS WITH LEISHMANIASIS)	

**NOTICE OF APPEAL TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

CERTIFICATION OF EFS-WEB TRANSMISSION	
I hereby certify that this paper is being EFS-Web transmitted to the U.S. Patent and Trademark Office, Alexandria VA 22313-1450, on <u>JULY 9, 2009.</u>	
Date	
URSULA B. DAY	
(Name of Registered Representative)	
 (Signature)	 (Date of Signature)

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated May 30, 2009 of the Examiner rejecting claim 24. As of the submission of this Notice, no Advisory Action has been issued.

The items checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

☐ other than small entity

☒ small entity

Verified Statement

☐ attached

☐ already filed on _____

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. 1.17(e) the fee for filing the Notice of Appeal is

(X) small entity \$270.00
() other than a small entity \$000.00

Notice of Appeal Fee due \$270.00

3. EXTENSION OF TERM

a. () The Commissioner is hereby petitioned to extend the period for response to above-referenced Official Action by months until November 13, 2007. Accompanying this amendment is the appropriate fee of \$ pursuant to 37 C.F.R. §1.17(c) and 37 C.F.R. §1.136(a).

b. () Request for Extension of Time was filed on together with a Request for Reconsideration, and the appropriate fee of was paid.

4. TOTAL FEE DUE

The total fee due is

Notice of Appeal fee \$270.00
Extension fee (if any) \$000.00

TOTAL FEE DUE \$270.00

5. FEE PAYMENT

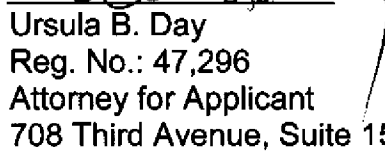
(X) Payment by credit card.
() Please charge the fee to Deposit Account No.06-0502.

6. FEE DEFICIENCY

(X) The Commissioner is hereby authorized to charge payment of any additional fees which may be required with this communication, or credit any overpayment to Deposit Account No. 50-1747.

Respectfully submitted,

By:


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(212) 244-5500

Date: July 9, 2009
UBD:gm